PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
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OSO73 7590 04/20/2006 BAKER BOTTS L.L.P. 2001 ROSS AVENUE SUITE 600 DALLAS, TX 75201-2980				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name) (Signature)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/839,943	04/19/2001		Ojas T. Chol	csi	062891.0513	4099
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APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$0 	\$1400	07/20/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
RYMAN, DANIEL J 1. Change of correspondence address or indication of "Fee			2616 370-349000			
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICATION CISCO Tech	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for Γ a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) San Jose, California inted on the patent): □ Individual ☑ Corporation or other private group entity □ Government					
4a. The following fee(s) are enclosed:			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).			
	on Fee (if any) or to re-apply any previously paid issue fee to the application identified above. from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Office. Date Registration No. 38,302					
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